

**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

**RECEIVED**  
**OFFICE USE ONLY**  
05 OCT 14 PM 4:46  
CITY CLERK'S OFFICE

(1) Gabrielle Redfern  
**Name**

(2) 4539 Royal Palm Ave.  
**Address (number and street)**

Miami Beach, FL 33141

**City, State, Zip Code**

☐ **CHECK IF ADDRESS HAS CHANGED**

(3) **ID Number:** \_\_\_\_\_

(4) **Check appropriate box(es):**

☒ **Candidate (office sought):** Miami Beach City Commissioner Group 1

☐ **Political Committee**

☐ **CHECK IF PC HAS DISBANDED**

☐ **Committee of Continuous Existence**

☐ **CHECK IF CCE HAS DISBANDED**

☐ **Party Executive Committee**

☐ **Electioneering Communication**

☐ **CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED**

**(5) REPORT IDENTIFIERS**

**Cover Period:** From 09 / 24 / 2005 To 10 / 07 / 2005 **Report Type** F2

☐ **Original**    ☐ **Amendment**    ☐ **Special Election Report**    ☐ **Independent Expenditure Report**

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 100.00

Loans    \$ \_\_\_\_\_

Total Monetary    \$ 100.00

In-Kind    \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 15.00

Transfers to Office Account    \$ \_\_\_\_\_

Total Monetary    \$ 15.00

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 3,405.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 2,274.78

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Daniel E. Jonas

☐ Individual (only for electioneering commun.)    ☒ **Treasurer**    ☐ **Deputy Treasurer**

**X** 

**Signature**

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Gabrielle Redfern

☒ **Candidate**    ☐ **Chairperson (only for PC, PTY & electioneering commun. organization)**

**X** 

**Signature**

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Gabrielle Redfern (2) I.D. Number \_\_\_\_\_

(3) Cover Period 9 / 24 / 2005 through 10 / 07 / 2005 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
10 / 04 / 2005	Wendy Hart 5121 No. Bay Rd. Miami Beach, FL 33140	I	Mother	CHE			100.00
1							
/ /							
/ /							
/ /							
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gabrielle Redfern (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 09 / 24 / 2005 through 10 / 07 / 2005 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
09 / 30 / 05	City National Bank 300 - 71 Street Miami Beach, FL 33141	Maintenance Fee	MON		\$15.00
1					
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DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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